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## \*BIBDATASHEET\*

CONFIRMATION NO. 2132

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/680,751	<b>FILING DATE</b> 10/06/2000  <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2125	<b>ATTORNEY DOCKET NO.</b> 4079.05SU1						
<b>APPLICANTS</b>  Dan Matheson, Fort Collins, CO; 										
<b>** CONTINUING DATA *****</b>  										
<b>** FOREIGN APPLICATIONS *****</b>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/08/2000</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom;">           Foreign Priority claimed            35 USC 119 (a-d) conditions met            Verified and Acknowledged         </td> <td style="width: 40%; border-bottom: 1px solid black; vertical-align: bottom;"> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            Allowance         </div> <div style="text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div> </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <b>STATE OR COUNTRY</b>          CO       </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <b>SHEETS DRAWING</b>          8       </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <b>TOTAL CLAIMS</b>          20       </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <b>INDEPENDENT CLAIMS</b>          3       </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            Allowance         </div> <div style="text-align: center;"> </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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<b>ADDRESS</b> 022879 HEWLETT PACKARD COMPANY P O BOX 272400, 3404 E. HARMONY ROAD INTELLECTUAL PROPERTY ADMINISTRATION FORT COLLINS , CO 80527-2400										
<b>TITLE</b> Innovation information management model										
<b>FILING FEE RECEIVED</b> 1016	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	
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